



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)

SASAKI et al.)

Art Unit 3685)

Application Number: 10/627,673)

Filed: July 28, 2003)

For: MEDICAL SUPPORT SYSTEM)

Examiner:
QAYYUM, ZESHAN)

ATTORNEY DOCKET NO. HIRA.0118)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

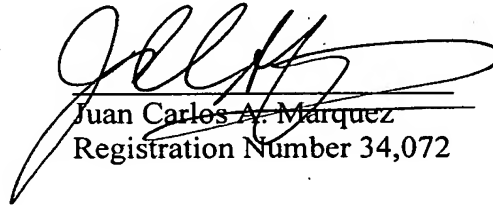
FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	4	4	(Over 20)	x \$52	0
Independent Claims	4	4	1 (Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|--|
| [x] Response/Preliminary Amendment (with Claim Amendments) | [x] Petition for <u>2</u> -month Extension of Time |
| [] Preliminary Amendment | [] Information Disclosure Statement w/ Form 1449 |
| [] Substitute Specification | [] Letter to Draftsperson |
| [] Terminal Disclaimer | [] ___ sheets of replacement drawings |
| | [x] Request for Continued Examination |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] Checks in the amount of **\$810.00** for the RCE fee and **\$490.00** to cover the 2-month extension of time fee are enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Drive, Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
May 8, 2009



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)

SASAKI et al.)

Art Unit 3685)

Application Number: 10/627,673)

Filed: July 28, 2003)

For: MEDICAL SUPPORT SYSTEM)

Examiner:
QAYYUM, ZESHAN)

ATTORNEY DOCKET NO. HIRA.0118)

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

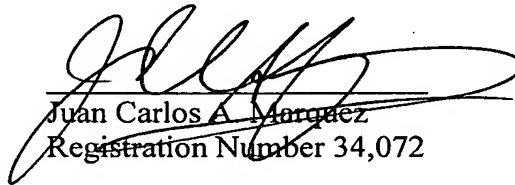
FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	4	4	(Over 20)	x \$52	0
Independent Claims	4	4	¹ (Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|--|
| [x] Response/Preliminary Amendment (with Claim Amendments) | [x] Petition for <u>2</u> -month Extension of Time |
| [] Preliminary Amendment | [] Information Disclosure Statement w/ Form 1449 |
| [] Substitute Specification | [] Letter to Draftsperson |
| [] Terminal Disclaimer | [] ___ sheets of replacement drawings |
| | [x] Request for Continued Examination |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] Checks in the amount of **\$810.00** for the RCE fee and **\$490.00** to cover the 2-month extension of time fee are enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Drive, Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
May 8, 2009